

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000062794

Entity Name: CIGAR IMPORTERS, INC.

FILED
Mar 01, 2009
Secretary of State

Current Principal Place of Business:

1760 NW 94TH. AVENUE
DORAL, FL 33172 US

New Principal Place of Business:

Current Mailing Address:

1760 NW 94TH. AVENUE
DORAL, FL 33172 US

New Mailing Address:

FEI Number: 14-1961316

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

LEVERETT, MARK D
1760 NW 94TH. AVENUE
DORAL, FL 33172 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MARK LEVERETT

03/01/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: LEVERETT, MARK D
Address: 1760 NW 94TH AVE
City-St-Zip: DORAL, FL 33172

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

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Title: () Delete
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City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPSD () Change (X) Addition
Name: LEVERETT, LUZA M
Address: 1760 NW 94TH AVENUE
City-St-Zip: DORAL, FL 33172

Title: SEC () Change (X) Addition
Name: LEVERETT, LUZA M
Address: 1760 NW 94TH. AVENUE
City-St-Zip: DORAL, FL 33172

Title: CNTR () Change (X) Addition
Name: LEVERETT, LUZA M
Address: 1760 NW 94TH. AVENUE
City-St-Zip: DORAL, FL 33172

Title: TRES () Change (X) Addition
Name: LEVERETT, LUZ M
Address: 1760 NW 94TH. AVENUE
City-St-Zip: DORAL, FL 33172

Title: CEO () Change (X) Addition
Name: LEVERETT, MARK D
Address: 1760 NW 94TH. AVENUE
City-St-Zip: DORAL, FL 33172

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK LEVERETT

PSD

03/01/2009

Electronic Signature of Signing Officer or Director

Date